

AMERICAN EMBASSY LOME



Ambassador's Special Self-Help Fund

**AN INSTRUMENT TO SUPPORT LOCAL INITIATIVES BY COMMUNITIES
FOR SELF-DEVELOPMENT.**

ACTIVITY AGREEMENT AND SELF-HELP APPLICATION FORM

Self-Help Office Contact Information



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ACTIVITY AGREEMENT

1. VILLAGE _____ 2. PREFECTURE _____

2. PROJCT TITLE- _____

3. NUMBER OF DIRECT BENEFICIARIES: _____

4. TOTAL BUDGET OF THE PROJECT: _____

5. CREDIT AMOUNT REQUESTED FROM THE EMBASSY _____

6. FINANCIAL CONTRIBUTION OF THE BENEFICIARIES (IN F CFA): _____

7. MATERIALS AND LABOR CONTRIBUTIONS OF BENEFICIARIES (IN FCFA):

NATURE OF THE MATERIALS: _____

8. NAME OF THE VILLAGE CHIEF: _____

DATE _____ SIGNATURE OF THE VILLAGE _____

9. NAME OF THE PREFET: _____

DATE: _____ SIGNATURE OF THE PREFET: _____

PLEASE DESCRIBE ON A SEPARATE PAGE ANY HELP THE LOCAL AUTHORITIES INTEND TO PROVIDE

10. SUPERVIZING ORGANIZATION: _____

NAME OF THE PRESIDENT OF THE ORGANIZATION: _____

DATE _____ SIGNATURE OF THE PRESIDENT: _____

PLEASE DESCRIBE ON A SEPARATE PAGE ANY HELP THE ORGANIZATION INTENDS TO PROVIDE

11. NAME OF THE PERSON RESPONSIBLE FOR THE

PROJECT: _____

DATE _____ SIGNATURE OF THIS PERSON _____

12. NAME OF THE TECHNICAL ASSISTANT: _____

DATE _____ SIGNATURE OF THE TECHNICAL ASSISTANT: _____

13. PROBABLE BEGINNING DATE: _____ MAXIMAL DURATION: _____

**14. THE SELF HELP COMMITTEE OF THE U.S. EMBASSY HAS APPROVED THE ASSISTANCE REQUESTED
ACCORDING TO CONDITIONS AND TERMS HEREIN MENTIONED AND AGREED TO CONTRIBUTE TO THE
IMPLEMENTATION OF THE PROJECT A TOTAL OF U.S. DOLLARS _____ PAYABLE IN
FRANC CFA.**

15. FISCAL DATA: _____

16. DATE _____ AMBASSADOR'S SIGNATURE: _____

**NOTE: THIS INDIVIDUAL ACTIVITY AGREEMENT IS EXECUTED IN CONFORMITY WITH
THE FOREIGN ASSISTANC ACT OF 1961, AS AMENDED.**

QUESTIONNAIRE

APPLICATION FOR SELF-HELP PROJECT FUNDING

This questionnaire must be completely filled out and submitted with the other constituent documents of the application. You should provide precise and accurate answers. Every section must be filled out even if it is not applicable to the project.

Before filling out this form, please be sure to read all the relevant information on the Self Help Program so that you understand its requirements and limitations. Please also be sure to provide an explanation to all participants of the project.

1. Location of the project: _____ Prefecture _____

2. Project title: _____

3. Name of the organization (CVD, APE, Group, Association): _____

4. Total budget for the project (in F CFA): _____

5. Credit amount requested from the Embassy (in F CFA): _____

6. Beneficiaries' contribution in labor and materials (in F CFA): _____

7. Beneficiaries' cash contribution (in F CFA): _____

8. Financial or other contributions from other organizations (in F CFA)

Name of the other organization: _____

9. Distance in km from Lomé and from the nearest town (please draw a map to the location):

Lomé - locality (in km): _____ Nearest town: _____ Km: _____

10. Total population: _____ Date of population census: _____

11. What are the main agricultural products in the village? _____

12. Short description of the project: _____

13. Probable date for the beginning of activities: _____ Probable date for the end of activities _____

14. Number of beneficiaries: _____ For schools only: Total # of enrolled students: _____

15. Short justification of the project: _____

16. What is the direct impact on the organization and/or population: _____

17. Name of the person responsible for the project: _____

Profession: _____ Address: B.P.: _____ Tel: _____

18. Name of the technical assistant _____

Profession _____ Address: B.P.: _____ Tel: _____

19. Number of laborers in the village? Bricklayers: _____ Carpenters: _____ Ironworkers: _____ Painters: _____

20. Do you have means to pay the laborers who will be working for the project? _____

If yes, how much a day? Bricklayers: _____ Carpenters: _____ Ironworkers: _____ Painters: _____

21. Have you requested assistance from other donors for this project? _____ If yes, who? _____

What, if any, assistance are they providing? _____

22. Are there any ongoing community project(s) in the village? _____ If yes, what? _____

23. Have the community/organization ever previously undertaken a project like this? _____ If yes, what? (project, date, donors, your contribution): _____

24. Has your town or village already benefited from any assistance from the US Embassy? _____
If yes, what kind of assistance (project, date, current status of the project)? _____

25. Who has initiated this project for which you are seeking assistance? _____

How was the project conceived and developed? _____

26. What are the strategies developed for the management of funds and for the administration of the project? _____

Who will manage the project funds? Full name: _____

Profession: _____ Address: B.P.: _____ Tel: _____

27. Have you found community sources of financial contribution for the project? _____ If yes, how much do you have in the account? _____ Who is responsible for this money/account? _____

Where is the money being kept? _____

28. Give a short explanation about how the community or organization intends to meet its cash and labor contribution: _____

29. Are the local authorities or the supervising organization aware of the project? _____

Have they pledged a contribution? _____ if yes, explain briefly how (in this case, please obtain a letter of engagement from the prefecture or the supervising organization with details and estimations in CFA)

30. Give names and titles of persons to be contacted during a site visit:

Name: _____ Profession: _____

Name: _____ Profession: _____

Name: _____ Profession: _____

31. Information on the person who is filling out this questionnaire: Full name: _____

Title: _____ B.P.: _____ Tel (important): _____

I certify that the information herein mentioned is true and accurate.

Signature: _____ Date: _____